

# Gippsland Region Population Health Catchment Plan



**Gippsland  
Region Public  
Health Unit**

Part of Latrobe Regional Health

**2023-29**

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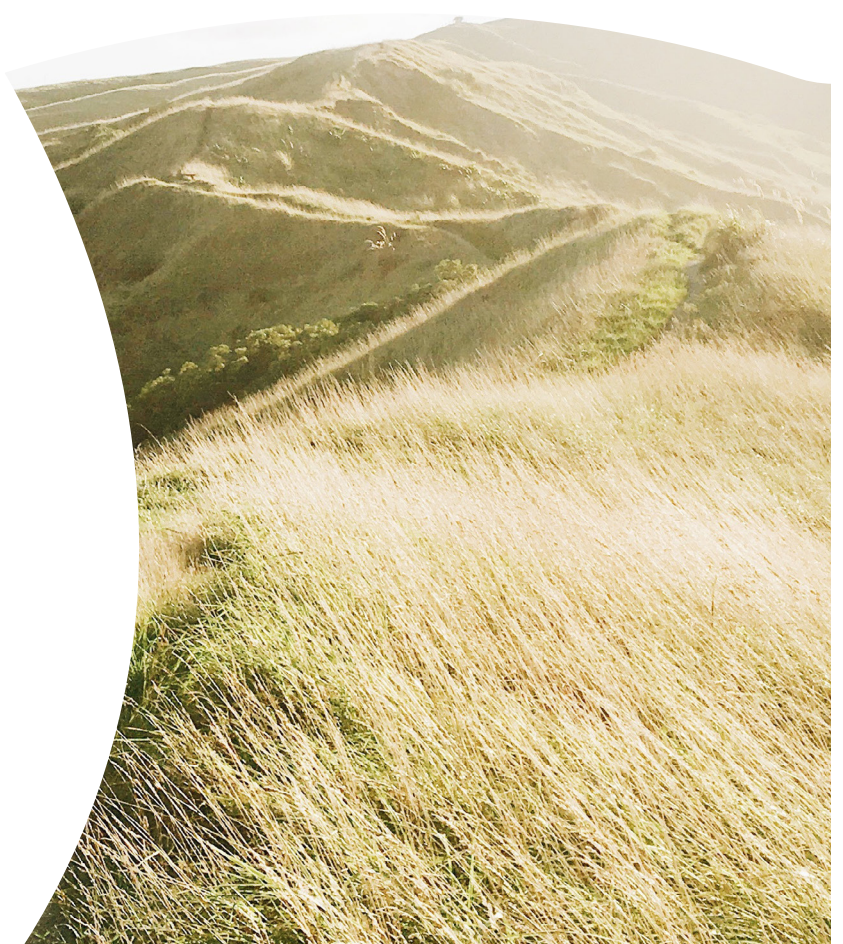
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# Acknowledgement of Country

We acknowledge the Gunaikurnai, Bunurong, Monero, Bidawel and Wurundjeri people, as the Traditional Owners and Custodians of the lands on which our public health unit works across.

We pay our respects to Elders past and present and future leaders. We recognise the ongoing connection to ancestral lands within and beyond Gippsland, and the strength, resilience and survival of Aboriginal and Torres Strait Islander peoples.

Gippsland Region Public Health Unit is committed to working in partnership with the community for better health outcomes for everyone, everywhere.





# Executive Summary

**The GRPHU works across the Gippsland region from the outer south-eastern aspects of metropolitan Melbourne to the eastern most point of Victoria. Gippsland is home to approximately 300,000 people, with population fluctuations due to seasonal tourism.**

To support system connectedness across the prevention sector in Gippsland, the GRPHU have developed the Population Health Catchment Plan 2023-2029, outlining health priorities and prevention actions for the Gippsland region. The plan focuses on health promotion, prevention, and early intervention, aligning with the Victorian Public Health and Wellbeing Outcomes Framework. The plan will evolve iteratively and be reviewed annually with a comprehensive assessment in 2025 to 2026. The plan aims to facilitate implementation, monitoring, and evaluation of population health initiatives at local, regional, and state levels.

Three guiding principles will underpin the plan - Equity, Place-Based approaches and Partnerships - supporting our commitment to working together towards shared population health and wellbeing goals. A comprehensive governance framework will support the outputs of this plan.

Gippslanders experiences various health challenges and considerable socio-economic disadvantage compared to the state level. In partnership with prevention actors across the region, the GRPHU has undertaken multiple

activities to define and explore key prevention and health promotion priorities for the Gippsland Population including gathering and analysing existing health data, health promotion program mapping, workforce review, and ongoing engagement and consultation with partners and stakeholders.

During the mapping process, 94 programs were mapped and compared to the Victorian Population Health and Wellbeing Plan, Victorian Cancer Plan, and the Ottawa Charter. The GRPHU discovered that most interventions focused on developing personal skills and strengthening community action, while fewer programs addressed upstream actions including reorientation of health services or building healthier public policy.

To better understand the barriers and enablers to strengthening the prevention workforce in Gippsland, a survey was conducted. The survey identified challenges faced by the workforce, including resource availability, limited experience and expertise, and workforce shortages. Participants expressed varying levels of confidence in addressing the Victorian Population Health and Wellbeing Plan priority areas, with most feeling confident in increasing healthy eating, active living, mental health and wellbeing, and reducing tobacco related harm.

# Executive Summary continued

Further to the development of this plan, the GRPHU conducted a series of three workshops across the region to gather insights and perspectives from prevention and health promotion partners and community members. The workshops focused on discussing current and emerging health issues in local communities and identifying local priorities for prevention action.

The workshops acknowledged the interconnectedness between healthy eating, active living and reducing tobacco-related harm priorities and the interrelated impact on other priorities outlined in the Victorian Public Health and Wellbeing Plan, including mental wellbeing, sexual and reproductive health, and the impact of climate change for health.

Bringing together the review of Gippsland-specific health data, program mapping and stakeholder engagement results, three priority areas were identified for inclusion in this plan and to guide the work of the GRPHU team. Moreover, identified priorities aligned with key strategic plans at the state and local levels. Partnerships among local shires and prevention agencies is crucial in addressing these public health challenges.

## The top three health priorities identified for Gippsland:

1. Reducing tobacco-related harm (including e-cigarettes)
2. Increasing active living
3. Increasing healthy eating

Within this plan, each priority area has specific goals and objectives. For example, reducing tobacco-related harm focuses on reducing smoking and vaping prevalence, limiting exposure to second-hand and third-hand smoke, and decreasing the social acceptability of these behaviours.

Promoting consumption of a healthy diet is essential for overall health, wellbeing, and disease prevention. Unhealthy eating and drinking habits are known contributors to an increased risk of overweight and obesity, cardiovascular disease, type 2 diabetes, and cancer. Initiatives in this priority area aim to work with the prevention system in establishing healthy eating and drinking habits in children and young people. The broader goal is to support the entire community in leading healthier lives while recognising the need for equitable, tailored approaches.

Many Gippslanders do not meet the recommended amounts of daily physical activity. Enabling and promoting active living throughout various daily activities, including work, commuting, play, learning, and leisure is essential. Targeted actions and tailored approaches will be implemented in conjunction with prevention partners and stakeholders to address the needs of specific community groups.

Monitoring and evaluation of partnerships, activities, and projects is fundamental to identifying areas for improvement and optimising success. Regular monitoring and evaluation of activity progress, with an annual assessment of activities and updates to the plan will take place.

This plan is for the Gippsland prevention sector. Together as a system, we can take collaborative action to promote and support health and wellbeing for all.



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## Glossary

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CH HP	Community Health Promotion
GRPHU	Gippsland Region Public Health Unit
LGA	Local Government Area
LPHU	Local Public Health Unit
PCPHC	Primary Care Population Health Committee
PHSC	Population Health Steering Committee
PHWG	Population Health Working Group
SHS	Second Hand Smoke
THS	Third Hand Smoke
VKEW	Vic Kids Eat Well
VPHWP	Victorian Population Health & Wellbeing Plan



## Public Health Vision for Victoria

**The prevention and population health focus for LPHUs supports Victoria's public health vision that Victorians are the healthiest people in the world.**

LPHUs will do this by aligning collective efforts to improve health and wellbeing across local geographic catchments.

This vision will also ensure that every Victorian has trust in our health system, and feels confident that:

- The environments where people live, work, play and study are safe and healthy, and promote the wellbeing of future generations.
- Everyone is supported to live their healthiest life, and intergenerational health outcomes are improved.
- People are connected with the right supports, in the right place and at the right time to deliver outcomes that matter.



# Gippsland Region Public Health Unit

Gippsland Region Public Health Unit (GRPHU) is one of nine Local Public Health Units (LPHUs), and one of six regional units, in Victoria.

LPHUs work in partnership with local communities to deliver place-based public health policies, programs, and practice. LPHUs were initially established to deliver local COVID-19 case, contact, and outbreak management, and their remit continues to evolve. Since July 2022, across Victoria LPHUs have taken on broader public health functions and responsibilities. These include managing notifiable diseases, chronic disease prevention, health promotion, environmental health, and emergency management. These key public health functions are strengthened by Aboriginal health leadership, health data analytics, surveillance, communications, community engagement, research, and more.

GRPHU works across the Gippsland region, from outer south-eastern aspects of metropolitan Melbourne to the easternmost point of Victoria where it meets the New South Wales border. The Traditional Owners for much of Gippsland are the Gunaikurnai people, except for parts of East Gippsland that also include Monero and Bidawel Country, and parts of West Gippsland which represents Wurundjeri and Bunurong Country. Bound by mountain ranges to the north and coastal areas to the south, the region has a population of approximately 300 000 people, (1) which fluctuates due to seasonal tourism, especially in alpine and coastal settings.

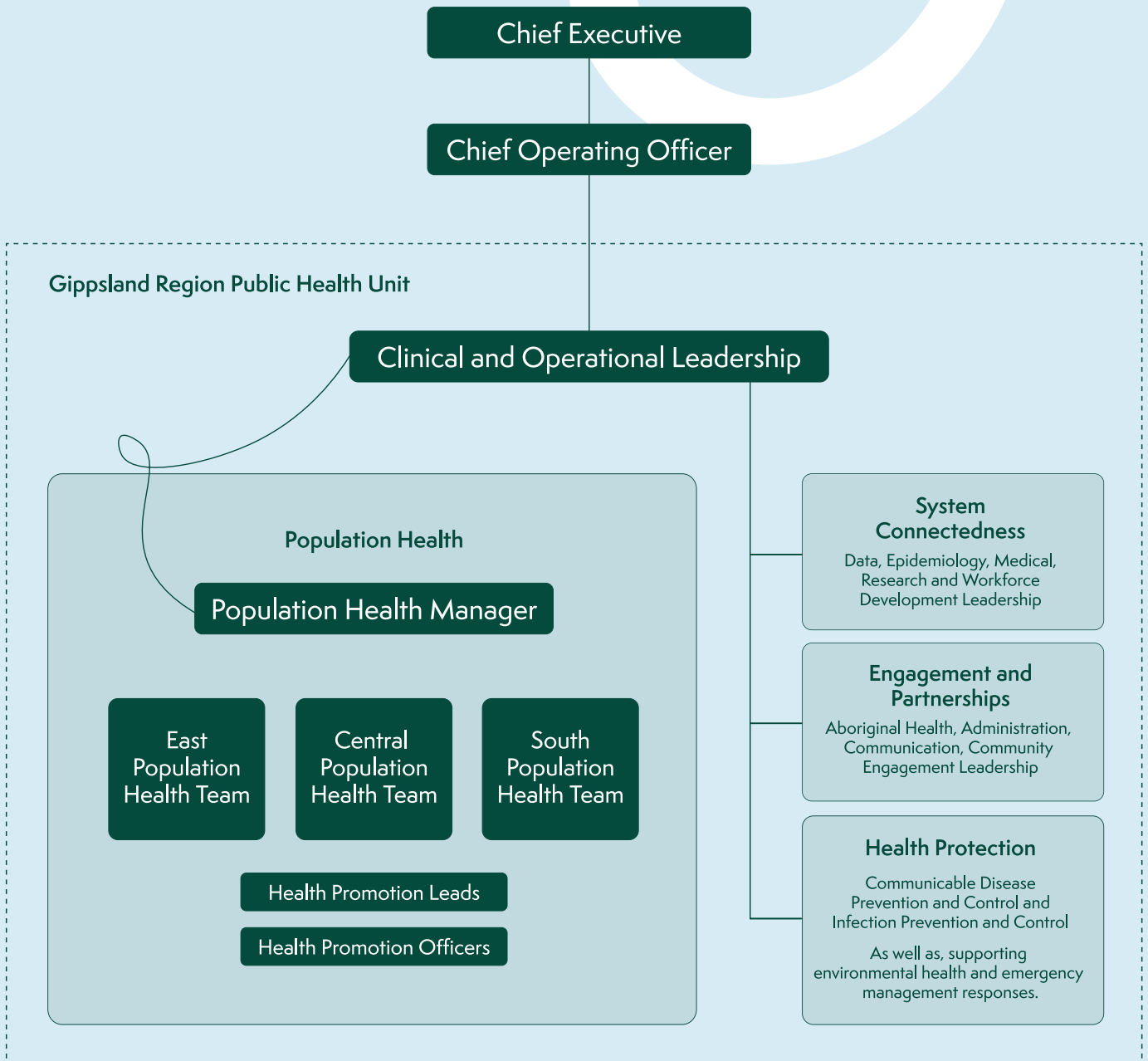
The GRPHU population health arm is led by three place-based teams located across the Gippsland region in East, South Coast and Central areas, supported by the Population Health Manager.



FIGURE 1. The Gippsland Region Public Health Unit Organisational Structure- Prevention and Population Health, 2023

# Gippsland Region Public Health Unit

Part of Latrobe Regional Health



# About this Plan

This Population Health Catchment Plan 2023-2029 (henceforth referred to as the 'plan') outlines priorities for health promotion, primary prevention and early intervention across the Gippsland region to achieve health outcomes consistent with the Victorian Public Health and Wellbeing Outcomes Framework.

This plan has been developed in collaboration with local health services, prevention partners and community members supported by a bespoke health needs assessment.

This inaugural catchment plan outlines broad activities from 2023-2029. However, the plan has and will continue to iteratively evolve. Developed in conjunction with local partners, this plan aims to facilitate the delivery, monitoring and evaluation of local, regional, and state-wide priorities, policies and programs.

The plan will be reviewed annually with a more extensive review planned for the 2025-2026 financial year.



# Underpinning Principles



## Equity

The Gippsland region is socially, culturally and economically diverse. Systemic differences in health status exist across populations groups in our region, with social determinants of health impacting on access to and availability of safe, local, affordable and culturally appropriate health care and services.

As a region which encompasses rural and remote communities, geographical distances, transportation, workforce shortages and lack of access to healthcare services create significant changes. Aboriginal and Torres Strait Islander Peoples experience a disproportionate burden of ill health compounded by lack of access to culturally safe and appropriate services, socioeconomic disadvantage and ongoing impacts of intergenerational trauma. Gippsland women experience increased levels of family violence and lack access to sexual and reproductive and maternity care services.

Health equity is possible when all community members have access to opportunities and supports to thrive both physically and mentally, without barriers because of race, ethnicity, religion, age, gender, sexual orientation, and socioeconomic status. This plan has been developed with recognition of existing inequitable health outcomes and outlining key priorities for action.



The GRPHU, in collaboration with partners across Gippsland will aim to undertake a Gender Impact Assessment to further assess the effects that the policy, programs or services resulting from this plan may have on people of different genders. We recognise that addressing health inequities is a complex process and by working together over the long term we can create meaningful and ongoing change.

## Place-based Approach

Place-based approaches target the specific context and circumstances of a place and engage local community members as active participants in the design, development and implementation. (2) Implementing place-based approaches involves understanding the local area, recognising potential opportunities, and harnessing existing networks and partnerships. Place-based approaches work well for issues and opportunities that involve complex, intersecting factors and require a multi-sectoral approach. GRPHU works with key partners and collaborators to ensure priorities and programs are custom-tailored to fit the local environments and needs, fostering community ownership and yielding sustainable outcomes.

Through existing governance structures, as well as specific project advisory groups, GRPHU will engage with local communities and partners to support the design of place-based interventions.

# Underpinning Principles Continued



## Partnership

The Gippsland region has a proud history of collaborative work in prevention with strong place-based partnerships working together to coordinate implementation of agreed approaches.

GRPHU continues to foster and build on these foundations. Gippsland's prevention and health promotion system includes:

- Six councils with a legislated function to protect, improve and promote public health and wellbeing by:
  - creating an environment which supports the health of members of the local community and strengthens the capacity of the community and individuals to achieve better health.
  - initiating, supporting, and managing public health planning processes at the local government level (through the development and implementation of Municipal Public Health and Wellbeing plans),
  - developing and implementing public health policies and programs within the municipal district, and
  - facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community.
- Three Councils are part of the VicHealth Local Government Partnership program
- Eight Community Health-Health Promotion funded organisations, inclusive of two Small Rural Health Services.

This program shares a primary focus on improving healthy eating, increasing active living, and reducing smoking and e-cigarette related harm at the local level. CH-HP agencies include:

- Bairnsdale Regional Health Service,
- Bass Coast Health,
- Central Gippsland Health Service,
- Gippsland Lakes Complete Health,
- Latrobe Community Health Service,
- Orbost Regional Health,
- West Gippsland Healthcare Group,
- Yarram & District Health Service.

Other health services not specifically funded for non-communicable disease prevention include:

- Gippsland Women's Health with responsibility for the coordination and support of the prevention approach for sexual and reproductive health and gender equity in Gippsland
- Latrobe Health Advocate and Latrobe Health Assembly
- The five Aboriginal Community Controlled Health Organisations including the Tackling Indigenous Smoking throughout Gippsland (TIS Gippsland) (Djinbung) program funded by the Commonwealth Government.
- GippSport, the regional Sports Assembly
- The Gippsland Primary Health Network who are required to conduct a needs assessment involving population health planning and an analysis of health needs.

In addition, and to support the work in East Gippsland, a Healthy Kids Advisor has been appointed to support implementation of the Vic Kids Eat Well program.

# ...better health for our regional community.

Gippsland's local and regional agencies are supported by statewide agencies and programs. Key statewide agencies and service pertaining to this plan include Quit Victoria, Cancer Council Victoria, the Healthy Eating Advisory Service, and Stephanie Alexander Kitchen Garden Foundation.

Other key programs include INFANT, the Achievement Program, Vic Kids Eat Well, the Quitline, Smiles for Miles and Active Schools. Other (non- traditional health sector) stakeholders and collaborators include the non-profit organisations, universities, and the private sector. Beyond this plan, the GRPHU works across communicable disease prevention, environmental health and emergency management which have cross-cutting functions and outcomes related to prevention and health promotion. The regional team at the Department of Health provides supportive regulation of Councils to performance their

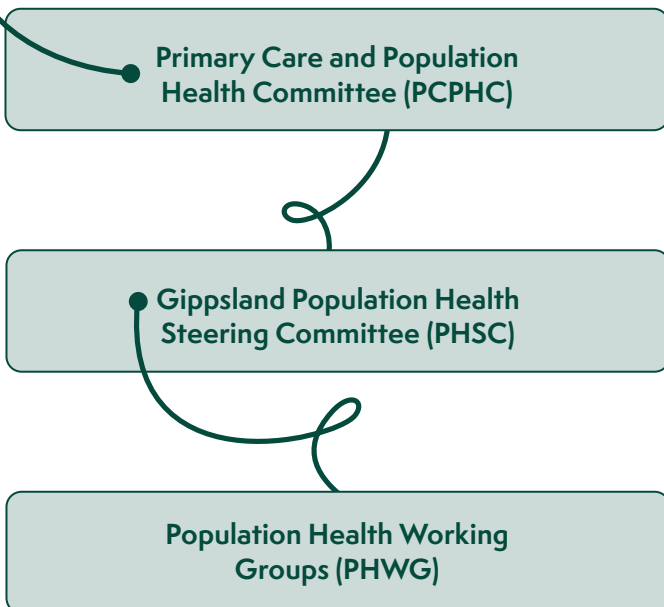
functions under the Public Health and Wellbeing Act, as well as oversight of the funded prevention system. The Department also provides population health surveillance data to inform local planning, supports capacity building through communities of practice and events, supportive networks, and access to practice resources through the Prevention South web platform

GRPHU is committed to working with our prevention and health promotion partners towards our shared goal of population health and wellbeing. Working in partnership will not only synergise and amplify our collective prevention efforts, but it will also reduce duplication of activity and optimise limited resources. GRPHU is proud to be part of the Gippsland prevention and health promotion system and look forward to actively working together with our partners and the local community to achieve better health for all.

# Governance

The GRPHU Prevention and Health Promotion Governance framework consists of three tiers: 1) A Primary Care and Population Health Committee (PCPHC), 2) Gippsland Population Health Steering Committee (PHSC) and 3) Population Health Working Groups. The establishment of the governance framework aims to foster collaboration among key prevention and health promotion partners and support members to work together on shared prevention and health promotion priorities.

**FIGURE 2. The Gippsland Region Public Health Unit Governance Framework**



The purpose of the PCPHC is to provide advice on matters that improve the health of the region’s population, based on identifying and addressing the environmental, economic, political, social, cultural and behavioural conditions that contribute to illness and health inequities. Given the complexity of such factors, population health planning requires collaboration between all levels of government, and across sectors, industries and communities.

The PCPHC provides strategic oversight and guidance to the Gippsland Region Public Health Unit for the key functions of Prevention and Population Health, Health Protection and Emergency Management. Monitor the progress of the GRPHU strategy and risks through status reports. At the executive level, PHSC plays a key role in supporting the development of the catchment plan including the priority setting process, advising on alignment with local prevention plans and program delivery, and providing the authorising environment for decision making across Gippsland’s prevention and health promotion system.

The committee oversees catchment plan initiatives at a regional level and provides advice to the Primary Care and Population Advisory Committee on prevention and health promotion matters. The PHSC plays a crucial role in overseeing health promotion initiatives across the Gippsland region.

# Governance continued

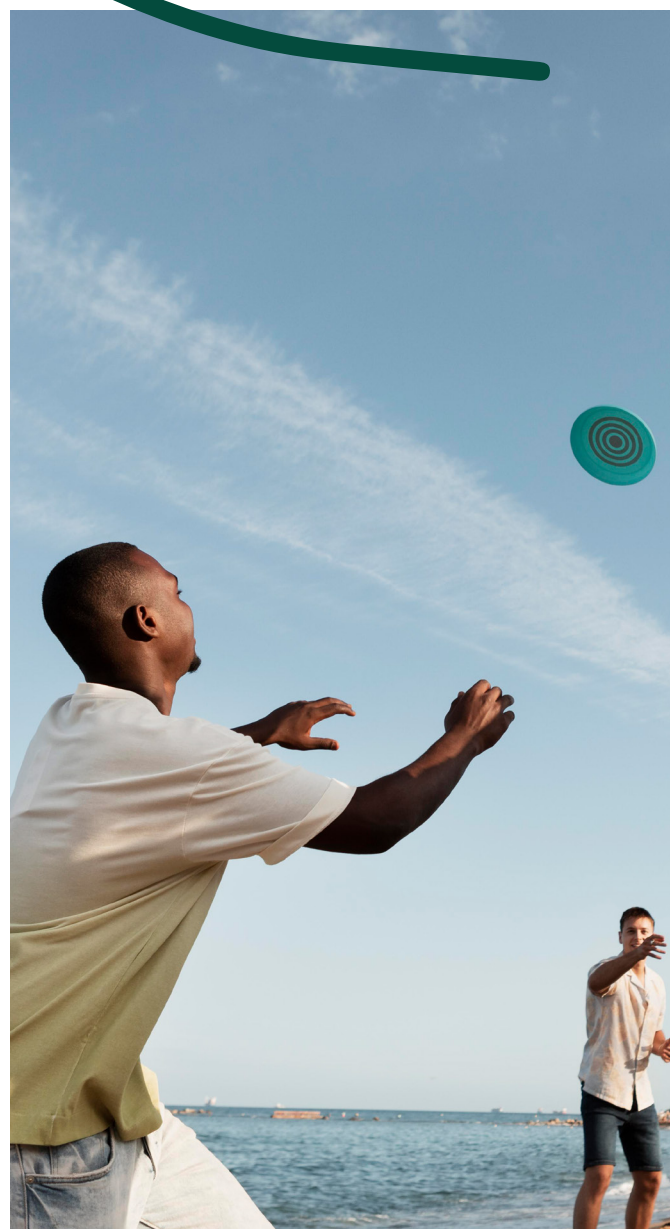


The PHSC ensures that funded activities align with the Gippsland Population Health Catchment Plan, Municipal Public Health and Wellbeing Plans, and local health promotion action plans.

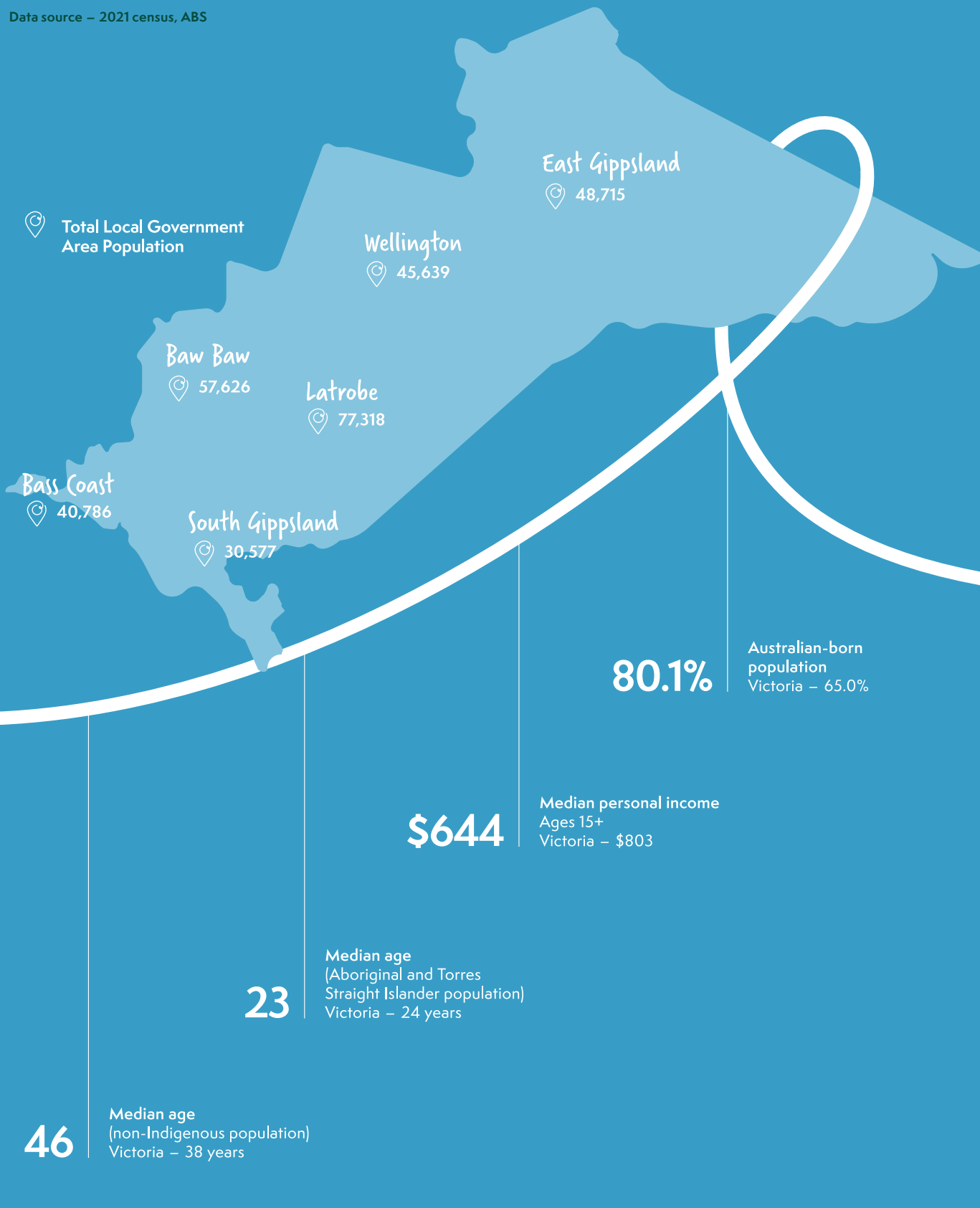
The GRPHU has established five Population Health Working Groups (PHWG) across Gippsland in Baw Baw, East Gippsland, Latrobe Valley, Wellington, and the South Coast (South Gippsland and Bass Coast). These working groups have been formed through consultation and recommendations with existing partners in each catchment.

The PHWGs are responsible for local coordination and collaborative resource alignment, joint implementation planning, monitoring and evaluation design, identification of local opportunities aligned with catchment plan objectives, recommendation of initiatives for region-wide implementation, and provision of additional professional support for prevention and health promotion practitioners.

The membership of the Population Health Committees includes leadership and practitioner representation from Women's Health (Gippsland Women's Health), Regional Sports Assembly (GippSport), Community Health - Health Promotion funded agencies, six shire councils, and the Department of Health.



Data source – 2021 census, ABS







## Our Community

The Gippsland region is home to approximately 300,000 people across six local government areas, (3) with significant tourism-induced fluctuations in population size occurring in alpine and coastal areas throughout the year. Latrobe and Baw Baw local government areas (LGA) are home to the highest populations with around 77,318 and 57,626 residents respectively. (4) The Aboriginal and Torres Strait Islander community comprise 1.9% of the population. (1) The median age of non-Indigenous Gippsland residents is 46 years, whilst the Aboriginal and Torres Strait Islander community is much younger with a median age of 24 years. Around 80% of Gippslanders are Australian born.

Overall, the Gippsland community experiences greater socio-economic disadvantage with a median personal weekly income of \$644, compared to the state level of \$803. Gippsland's economy relies heavily on large-scale industrial operations including paper mills, coal stations,

lead smelters and a large dairy farming industry. As a result, the region is vulnerable to various hazards associated with industrial, environmental, and economic activity.

Over the last 25 years, significant industrial disasters include the Longford gas explosion (1998) and the Hazelwood Coal Mine Fire (2014). Moreover, Gippsland has been particularly devastated by significant bushfires, floods, drought and other environmental health events. (5)

These industrial and environmental disasters have profound immediate and ongoing physical and psychological health impacts for the Gippsland community. For example, the Hazelwood Health Study found that six months after the fire, the overall risk of death in Morwell was higher, especially in men over 80 years of age and whilst NAPLAN scores were lower than average for Morwell children four years after the event. (6)

# The Health of Gippslanders

Communities living in Gippsland demonstrate resilience and unity, supporting one another throughout various challenges. This community spirit is essential as the population faces many health challenges. These include but are not limited to higher rates of non-communicable diseases than Victoria for most reported conditions, including lung disease, mental health conditions, heart disease and stroke. (1) These challenges are further compounded by geographical distances, cost, and cultural safety.

## Nutrition

Australia's National Obesity Strategy aims to reduce overweight and obesity in children and adolescents by at least five per cent by 2030 and stop and reverse obesity in adults. (7) Gippsland residents, aged 18 years and over, experience higher rates of overweight and obesity than the Victorian average. (8) The highest rates of overweight but not obesity (BMI >25kg/m<sup>2</sup> <30 kg/m<sup>2</sup>) are reported in South Gippsland and Baw Baw LGAs, whilst Wellington and Latrobe LGAs have the highest rates of obesity (BMI >30kg/m<sup>2</sup>). (8)

The World Health Organization and the Australian Infant Feeding Guidelines recommend that infants are exclusively breastfed until around six months of age when solid foods are introduced. (9)

In Gippsland, around 46.9% of infants are exclusively breastfed at 3 months of age, lower than the Victorian average at 51.1%. (10) 25.60% are breastfed until 6 months, compared to the Victorian average of 34%. (10) Breastfeeding rates are highest in South Gippsland and Bass Coast LGAs, and lowest in Latrobe LGA, across both time points. (10) The Australian Dietary Guidelines recommends that most adults consume two serves of fruit and five serves of vegetables each day (servings differ at different life stages such as pregnancy and lactation). (11) Only 1 in 20 adults eat the recommended number of fruit and vegetable servings, with vegetable consumption particularly below Australian Guide to Healthy Eating recommendations. (12) South Gippsland and Latrobe LGAs had the lowest number of residents who met fruit and vegetable guidelines with men less likely to meet dietary guidelines for vegetable consumption than women. (13)

Sugar-sweetened beverages including soft drinks and energy drinks are consumed at higher levels in Gippsland, compared to the state average, with the highest consumption occurring in South Gippsland, Wellington and Latrobe. Rethink Sugary Drink is a joint partnership between 19 health and community organisations. (14) The Rethink Sugary Drink consensus statement recommends that adults and children limit sugar-sweetened beverages and instead drink water or reduced-fat milk. (15)

# The Health of Gippslanders continued

## Physical Activity

The Australian Physical Activity and Exercise Guidelines recommend adults are active on most days and preferably every day.

It is recommended that adults do 2.5 to 5 hours of moderate intensity physical activity (i.e. brisk walk, golf, swimming) or 1.25-2.5 hours of vigorous activity (i.e. jogging, aerobics, soccer) each week. (16) For children (5 to 17 years) it is recommended that they do at least 60 minutes of moderate vigorous activity every day. The 60 minutes can be broken up into shorter sessions throughout the day. Whilst it is promising that over half of the Gippsland community are achieving these guidelines, there is room to increase the number of people engaging in regular physical activity. (8)

## Smoking and E-Cigarette Use

The prevalence of smoking in Gippsland is higher than the Victorian average, 14.4% (95% CI 12.1-16.5) compared to 12.0% (95% CI 11.4-12.7) in 2020. This varies across Gippsland local government areas as follows: Bass Coast 17.9%, Baw Baw 15.7%, East Gippsland 14.7%, Latrobe 22%, South Gippsland 17.9%, and Wellington 21.4%. Additionally, smoking rates among pregnant people in Gippsland stand at 17.9%, compared to Victoria's 8.0%. Anecdotally, e-cigarette use among children and young people is of particular concern.

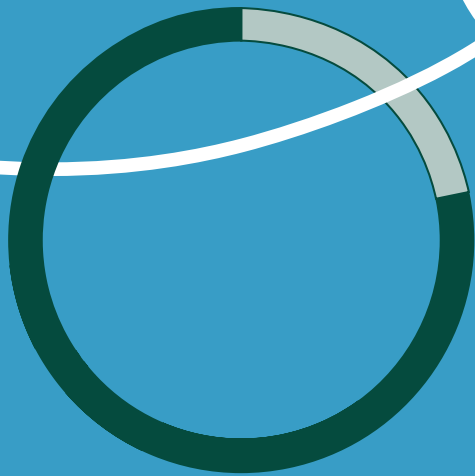
Whilst local data is limited, recent research conducted by the Cancer Council Victoria found that 34% of vapers were aged under 25 years and smoking rates in teenagers has significantly increased since 2000.(17) This data reveals concerning trends in e-cigarette use among young people. For instance, between 2018-19 and 2022, the percentage of males aged 18-24 years who report vaping increased from 10.8% to 19.4%, while females in the same age group saw a rise from 2.8% to 15.2%.

## Screening and Sexual Reproductive Health

Gippsland has generally good participation in national cancer screening programs for breast and bowel cancer, with participation in all Gippsland LGAs above the state average, while cervical screening in Gippsland is variable. (18, 19). In Gippsland, for chronic hepatitis B, care and treatment uptake is well below state average. (20) The state average for chronic hepatitis B care uptake is 24.46%, while in Gippsland the highest rate is in Wellington (15.0%), followed by Gippsland and South West (Bass Coast and South Gippsland) (14.1%), Baw Baw (12.0%), East Gippsland (9.5%) and Latrobe (8.8%). (20) In Victoria, 11.02% of people with chronic hepatitis B take up treatment, while in Gippsland the rates are as follows: Wellington (8.2%), Gippsland and South West (Bass Coast and South Gippsland) (5.5%), Baw Baw (5.3%), East Gippsland (5.0%) and Latrobe (4.0%). (20)

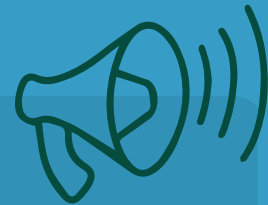
# The Health of Gippslanders continued

The below refers to age-standardised rates for people aged 15 years and over. *Children* refers to the age-standardised rates for people aged 0-14 years.  
Source; 2021 census, ABS; Victorian Cancer Registry (2023)



## 70%

Aboriginal and Torres Strait Islanders in Victoria are 70% more likely to be diagnosed with or die from cancer, than non indigenous Victorians



## 5.2

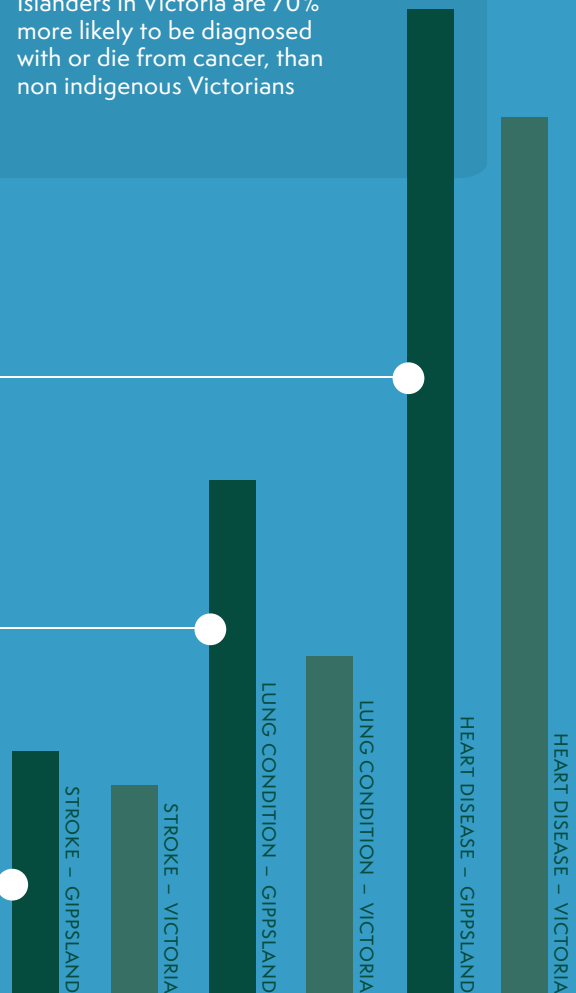
For every 100 Gippslanders, 5.2 people have heart disease compared to Victorian average – 4.6

## 2.7

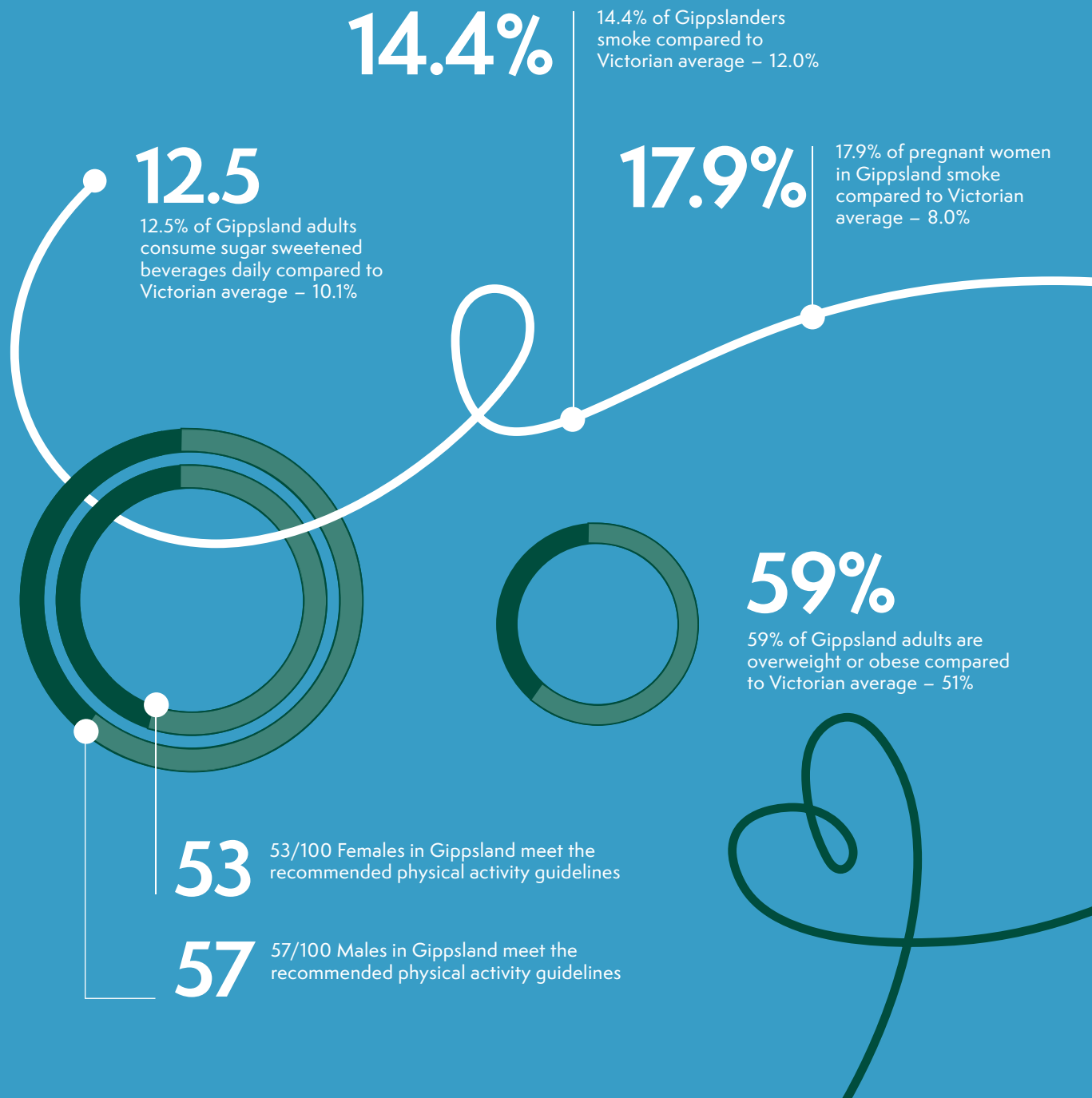
For every 100 Gippslanders, 2.7 people have a lung condition compared to Victorian average – 1.8

## 1.3

For every 100 Gippslanders, 1.3 people have suffered a stroke compared to Victorian average – 1.1



# The Health of Gippslanders continued



# Priority Setting Process

A multi-staged iterative and interactive process was undertaken to identify priority areas. Stages included data gathering and analysis, program mapping, workforce review and consultation and engagement with partners and key stakeholders. Nominated priority areas were compared and cross-checked with local and regional strategic plans and priorities to ensure selected areas were in alignment and complementary.

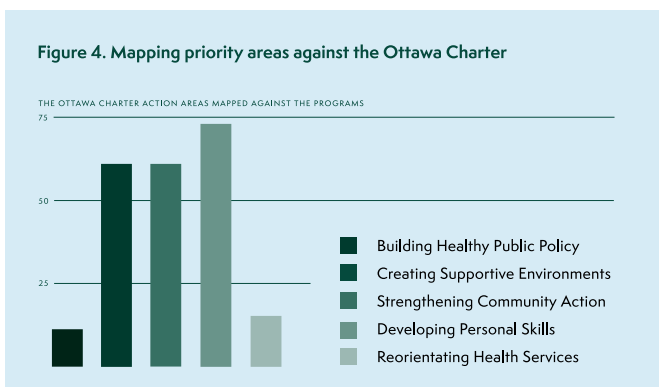
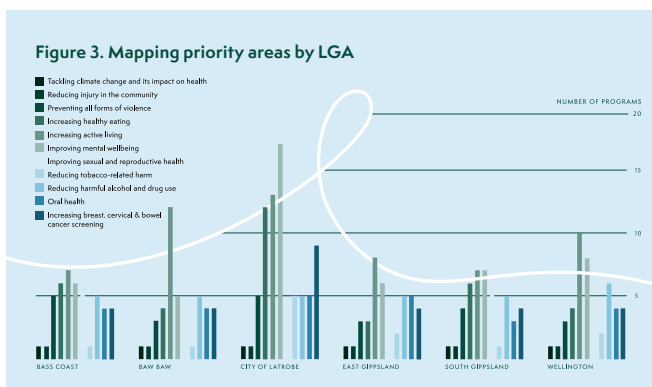
## Prevention and health promotion activity mapping

A cross-sectional mapping exercise of prevention and health promotion interventions in Gippsland was conducted from July to November 2022. A total of 94 programs were mapped across the region, with 80% found to be current programs at the time of mapping.

Programs were mapped by LGA against the current Victorian Population Health and Wellbeing Plan (2019-2023) (VPHWP), Victorian Cancer Plan (2020-2024) and the Ottawa Charter. (21, 22, 23) Most (73%) programs were in the City of Latrobe, with the least in East Gippsland (37%).

Most of the prevention and health promotion programs identified focused on healthy eating, active living and improving mental wellbeing VPHWP priority areas.

In terms of alignment with the Ottawa Charter, most interventions identified focused on developing personal skills, followed by strengthening community action and creating supportive environments, with few programs addressing re-orientation of health services or building healthier public policy.

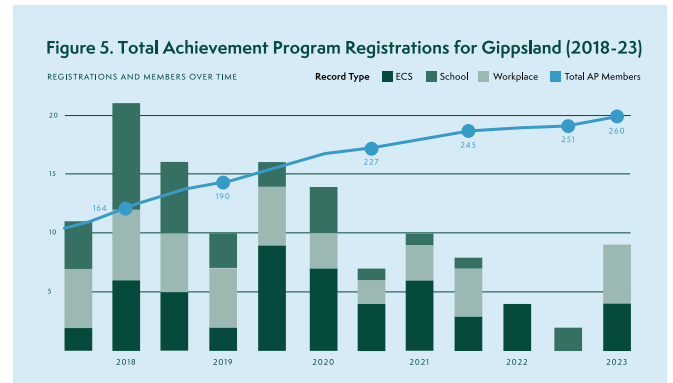


# Priority Setting Process continued

## Participation in Statewide programs

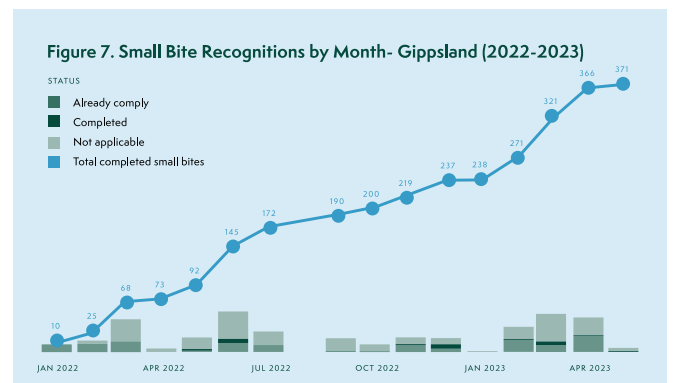
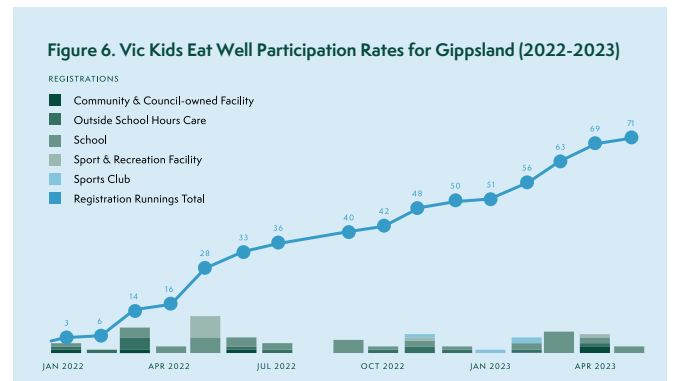
### Achievement program

Achievement Program: Since 2018, there have been a total of 260 memberships working towards the indicators within the Achievement Program. Membership comprises early childhood services, schools and workplaces. Membership has fluctuated over time, with 2022 experiencing the lowest number of new registrations in the program. (24) (Figure 5)



### Vic Kids Eat Well

Vic Kids Eat Well (VKEW): Currently, VKEW is active in 17.81% of Victorian Schools. In Gippsland, participation in the VKEW program has risen to 71 registrations from the inception of the program in 2022 to April of 2023 (Figure 6). As of April 2023, participation in the program has seen 371 small bites achieved across registered entities within Gippsland. (25) (Figure 7)



# Workshops and Consultation

**A series of three workshops were conducted in three parts of Gippsland: South Coast, Central Gippsland, and East Gippsland.**

The workshops were open to all prevention and health promotion partners including representatives from Gippsland councils, health services, health promotion and prevention funded agencies, Aboriginal Community Controlled Health Organisations, as well as community representatives. Participants were invited to attend and provide their views and insights into current and emerging health issues and risk factors in their local communities.

During these workshops, population health data was presented to frame local issues and needs and facilitate open discussions among stakeholders. The ten priority areas of the Victorian Public Health and Wellbeing Plan 2019-2023 (VPHWP) were discussed, and stakeholders identified the most relevant priorities for each area based on health data and local knowledge of issues and programs currently being delivered across Gippsland. Stakeholders were invited to nominate what they perceived to be the most important priorities for their catchments.

Collectively, across the three workshops, the top three health priorities identified for Gippsland were: Reducing Tobacco Related Harm (including e-cigarettes), Increasing Active Living and Increasing Healthy Eating (Figure 8).

**Figure 8. Priority area nominations from the workshops conducted**



It is understood across the prevention system in Gippsland, that improving Healthy Eating, Active Living and Reducing tobacco related harm are the most powerful system levers, that have cascading effects across the remaining seven priorities in the VPHWP. For example, we expect to see an intersectional relationship between healthy eating and mental wellbeing, reducing tobacco related harm and sexual reproductive health, active living and tackling climate change and its impact on health. As such, we are applying a systems thinking lens to the chosen three priority areas, noting that improvements across these three will have positive implications across the remaining seven.





# Understanding Gippsland's Population Health Workforce

Across Gippsland, prevention and health promotion professionals work in a diverse range of roles, teams and organisations. In order to better understand the prevention and health promotion workforce, as well as any resource gaps or support needed, a survey of Gippsland professionals working in roles related to health promotion, prevention and population health was undertaken. Survey responses were collected February – March 2023 with 28 health professionals taking part in the survey.

The survey participants identified several challenges faced by professionals in the prevention and health promotion workforce in Gippsland. The top three challenges highlighted by the respondents were the availability of resources, including funding constraints, limitations in professional experience and expertise, and workforce shortages.

Participants expressed varying confidence with respect to the VPHWB priority areas. Most participants expressed feeling confident with respect to increasing healthy eating, increasing active living, improving mental health and wellbeing and reducing tobacco-related harm.

The areas where participants expressed little to no confidence included improving sexual and reproductive health, reducing harmful drug and alcohol use, and reducing drug resistant infections. The top three priority areas in which participants felt they could benefit from further education and support were; reducing tobacco related harm, tackling climate change and its impact on health and mental health and wellbeing. It is important to note that number of respondents who participated in the survey does not reflect the entirety of the prevention and health promotion workforce across Gippsland.

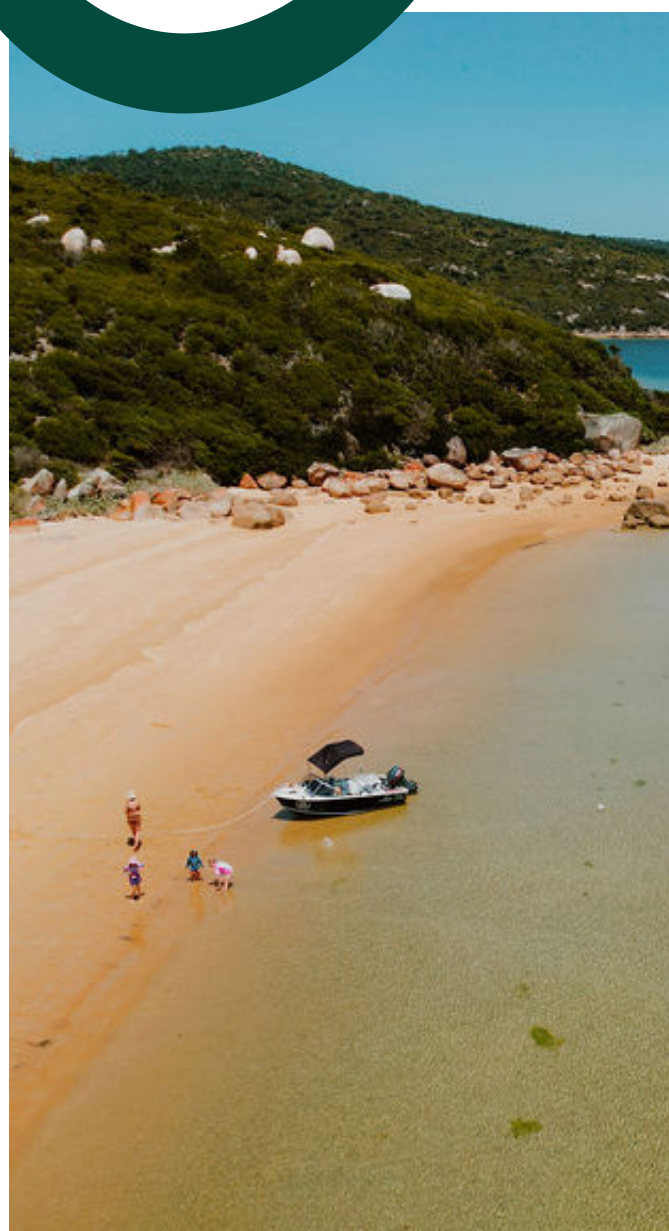
# Priority Setting Rationale and Alignment with Key Strategic Plans

## Priority setting rationale and alignment with key strategic plans

Final selection of priority areas for this plan involved review of Gippsland specific data, results from stakeholder engagement and consultation workshops and review of key strategic documents.

The following state and local strategic plans were reviewed as part of this process to ensure optimal alignment.

- Victorian Public Health Wellbeing Plan 2019-2023
- Community Health-Health Promotion 2021-2025 transitional guidelines
- Municipal Public Health and Wellbeing Plans
- VicHealth Local Government Partnership Initiative and core modules
- Victorian action plan to prevent oral disease 2020-30
- Victorian cancer plan 2020-2024
- National Preventative Health Strategy 2021-2030
- Pride in our future: Victoria's LGBTQI+ strategy 2022-32



# Priority Area Alignment

## Priority area alignment with local and state plans, stakeholder feedback and local data

	State alignment	Local alignment
<b>Reduce e-cigarette and tobacco related harm</b>	<ul style="list-style-type: none"> <li>• One of the four focus areas of the VPHWP 2019-2023</li> <li>• One of the three focus areas of the CH HP 2021-2025 guidelines</li> <li>• Tobacco smoking is a leading preventable and modifiable risk factor for cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Three of the six LGAs have reducing tobacco related harm as a priority in their Municipal Public Health and Wellbeing plans (Bass Coast Shire Council, Latrobe City Council, East Gippsland Shire Council).</li> <li>• Three of the six LGAs are involved in the VicHealth Local Government Partnership initiative and have committed to 'Strengthening Tobacco Control at the local level' module. (Latrobe City Council, Wellington Shire Council and East Gippsland Shire Council).</li> <li>• The remaining 3 councils are supportive of adoptive tobacco related harm priorities within their Municipal Public Health and Wellbeing Plans.</li> </ul>
<b>Increasing healthy eating</b>	<ul style="list-style-type: none"> <li>• One of the four focus areas of the VPHWP 2019-2023.</li> <li>• One of the three focus areas of the CH HP 2021-2025 guidelines</li> <li>• Healthy eating and physical activity are recognised in the Victorian cancer plan as important to reducing cancer risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Three of the six LGAs in Gippsland are involved in the VicHealth Local Government partnership initiative and have committed to implementing the 'Building Better Food Systems' core module (Latrobe City Council, Wellington Shire Council and East Gippsland Shire Council).</li> <li>• All councils in Gippsland have included increasing healthy eating as a priority in their Municipal Public Health and Wellbeing Plans (please note: East Gippsland's plan is yet to be finalised)</li> </ul>
<b>Increasing active living</b>	<ul style="list-style-type: none"> <li>• One of the four focus areas of the VPHWP 2019-2023.</li> <li>• One of the three focus areas of the CH HP 2021-2025 guidelines.</li> <li>• Healthy eating and physical activity are recognised in the Victorian cancer plan as important to reducing cancer risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Three of the six LGAs in Gippsland are involved in the VicHealth Local Government partnership initiative and have committed to implementing the 'Increasing physical activity' core module (Latrobe City Council, Wellington Shire Council and East Gippsland Shire Council).</li> <li>• All* councils in Gippsland have included increasing active living as a priority in their Municipal Public Health and Wellbeing Plans (*East Gippsland's plan is yet to be finalised).</li> </ul>

# Priority Area Alignment continued

## Priority area alignment with local and state plans, stakeholder feedback and local data

	Stakeholder engagement	What the data says
<b>Reduce e-cigarette and tobacco related harm</b>	Of the 10 priority areas in the Victorian Population Health and Wellbeing Plan, Reducing Tobacco Related Harm was nominated as the second highest priority by stakeholders during the workshops.	<ul style="list-style-type: none"> <li>• Rates of smoking in most Gippsland LGA's are higher than the Victorian average. Gippsland's average at 14.4% (95% CI 12.1-16.5) compared to 12.0% (95% CI 11.4-12.7) in 2020. (Bass Coast 17.9%, Baw Baw 15.7%, East Gippsland 14.7%, Latrobe 22%, South Gippsland 17.9%, and Wellington 21.4%)</li> <li>• Smoking rates during pregnancy for the Gippsland population are 17.9%, compared to Victoria's 8.0%.</li> <li>• Smoking rates during pregnancy in Aboriginal people in Gippsland is 48.6% compared to Victorian average 40.6%</li> <li>• E-cigarette use is an emerging issue, especially in younger Australians.</li> </ul>
<b>Increasing healthy eating</b>	Of the 10 priority areas in the Victorian Population Health and Wellbeing Plan, increasing healthy eating was nominated the highest priority by stakeholders during the workshops.	<ul style="list-style-type: none"> <li>• The proportion of infants reported to be fully breastfed in Gippsland, at both the ages of three and six months, are below the Victorian average.</li> <li>• Only around 1 in 20 adults consume sufficient fruit and vegetables in accordance with the Australian Guide to Healthy Eating. (13)</li> <li>• Women living in Gippsland consume the lowest amount (&lt;1 serve) of daily fruit and vegetables compared with women in Victoria. (13)</li> <li>• Vegetable consumption by women in Gippsland is lower than Victoria in all LGAs except East Gippsland. Similar data for vegetable consumption by men in Gippsland is difficult to compare with Victoria. (13)</li> <li>• Overall, 5% of Australian adults had a sufficient intake of both fruit and vegetables. Women were more likely to eat sufficient fruit and vegetables than men (8% compared with 3%). (26)</li> <li>• Sugar-sweetened beverages including soft drinks and energy drinks are consumed at higher levels in Gippsland, compared to the state average, with the highest consumption occurring in South Gippsland, Wellington and Latrobe.</li> </ul>
<b>Increasing active living</b>	Of the 10 priority areas in the Victorian Population Health and Wellbeing Plan, increasing active living was nominated as the third highest priority by stakeholders during workshops.	<ul style="list-style-type: none"> <li>• In 2019, there was a significantly lower proportion (40.2% [95% CI 33.0-47.8]) of Gippsland adults who met the physical activity guidelines compared with Victoria. This means 6 out of 10 adults were either sedentary or doing insufficient levels of activity for health.</li> <li>• In previous surveys, Gippsland adults have had a slightly higher proportion of adults meeting the guidelines.</li> <li>• LGA level estimates are available for 2017, and show that while rates vary between Gippsland LGAs (ranging from 49.3% in East Gippsland to 63.7% in Wellington meeting guidelines), these differences are not statistically significant.</li> <li>• The overall picture is that around half of Gippsland adults need to increase their level of activity to meet public health guidelines.</li> </ul>

# Priority Area Goals and Objectives For Gippsland





## Reducing Tobacco and E-cigarette Related Harm

Tobacco smoking is the most significant contributor to the burden of disease. (27) Overall smoking rates in Gippsland are greater than the Victorian state average, noting this risk factor is amplified for males living in Gippsland. This priority targets smoking and e-cigarette use to reduce direct harm, limit exposure to second hand smoke (SHS) and third-hand smoke (THS) and decrease the social acceptability of these behaviours.

Initiatives in this priority area aim to reach the entire community, whilst recognising that certain populations in Gippsland have either a higher prevalence of smoking and e-cigarette use or are more susceptible to the harms of smoking, vaping and SHS and THS. (27) Therefore, consideration is given to the target populations of young people (aged 12-25), pregnant people and Aboriginal and Torres Strait Islander peoples. Prioritising these populations will help to improve health outcomes and reduce health inequalities.

Noting prevention efforts do not exclude other members of the community, as the goal is to reduce smoking and vaping prevalence for everyone. Creating partnerships among local prevention agencies to address this public health challenge is central to the approach of the Plan and will support positive change across various settings and population groups.

Priority	Reducing tobacco and e-cigarette related harm
Long term outcome	Decrease the proportion of people who smoke/ use e-cigarettes to reduce the associated burden of disease among the Gippsland population
Objectives	1.1 Decrease the number of environments in which people smoke or vape 1.2 Decrease exposure to second- and third-hand smoke 1.3 Decrease social acceptability of smoking/vaping
Target populations	<ul style="list-style-type: none"> <li>• Young people</li> <li>• Aboriginal and Torres Strait Islander peoples</li> <li>• Pregnant people</li> </ul>

## Reducing Tobacco and E-cigarette Related Harm continued

<b>Initiative</b>	<b>Create and expand smoke and vape free zones</b>
<b>Linked objectives</b>	1.1, 1.2, 1.3
<b>Target population</b>	People aged 12 and up in Gippsland (whole of population)
<b>Settings</b>	<ul style="list-style-type: none"> <li>• Town centres</li> <li>• Sporting clubs and/or recreation centres</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Collect local data on community attitudes towards increasing local action to reduce smoking/vaping</li> <li>– Publish research findings to inform future interventions of population health and prevention agencies to prevent smoking and vaping and promote cessation</li> <li>– Advocate with councils to enact local laws that prohibit smoking and vaping in public places and events with the focus to extend smoke-free zones across Gippsland</li> <li>– Partner with agencies such as local councils, Cancer Council, GippSport and health promotion funded organisations to support the implementation of smoke and vape free zones in various settings</li> <li>– Support partners to update current ‘No Smoking’ signage to ‘No Smoking or Vaping’ including assisting grant and funding applications to acquire signage</li> <li>– Encourage settings (such as sporting clubs, schools, restaurants) to update signage in areas where smoking and vaping is already prohibited</li> <li>– Establish a regional ‘Breathe Easy Gippsland’ campaign to promote smoke and vape free messages among local agencies, underpinned by value-based messaging</li> <li>– Create a suite of resources to facilitate the establishment of smoke and vape-free zones, including branding and style guide, community engagement, monitoring and evaluation frameworks</li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Reduction in the proportion of adults who smoke and/or vape</li> <li>– Reduction in the proportion of young people who smoke and/or vape</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Increased number of ‘no smoking, no vaping’ signs</li> <li>– &gt;50% of the community members surveyed are supportive of more action related to tobacco and e-cigarette related harm in the local area</li> <li>– All local councils adopt local laws which allow for the implementation and enforcement of smoke and vape free zones (currently 4/6 have the required laws in place)</li> <li>– Reduction in exposure to SHS and aerosols</li> <li>– Increase in the number of public spaces where smoking and vaping is prohibited across LGAs</li> </ul>
<b>Initiative</b>	<b>Develop and strengthen local smoke and vape free policy</b>
<b>Linked objectives</b>	1.1, 1.2, 1.3
<b>Target population</b>	People aged 12 and up in Gippsland (whole of population)
<b>Settings</b>	Local councils, workplaces, schools, early learning centres, outside school hours care, sporting clubs, community organisations
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Partner with councils to drive policy development and adoption</li> <li>– Develop a ‘smoke and vape free policy’ template specific to councils, which is available to adapt to Gippsland municipalities</li> <li>– Present data and community feedback on the Breathe Easy Gippsland campaign to the One Gippsland Committee and advocate for the adoption of a regional Gippsland Smoke and Vape Free Policy</li> <li>– Develop and disseminate resources (policy templates, marketing materials, evaluation tools) to local councils to adopt, promoting consistency and efficiency of tobacco related harm initiatives in Gippsland</li> <li>– Collaborate with other prevention agencies such as Community Health Health Promotion, to promote the adoption of smoke and vape policies across various settings</li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Reduction in the proportion of adults who smoke and/or vape daily</li> <li>– Reduction in the proportion of adolescents who smoke and/or vape daily</li> <li>– Reduction in the proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Regional Smoke and Vape Free Policy Template drafted for Gippsland councils</li> <li>– LGA’s have adopted Smoke and Vape free policy</li> <li>– Gippsland-wide Smoke and Vape free policy presented to One Gippsland Committee for regional consideration</li> <li>– Reduction in exposure to second-hand smoke and aerosols</li> </ul>

# Increasing Healthy Eating

A healthy diet is a foundation for health, wellbeing, optimal growth and development. An unhealthy diet is one of the leading risks contributing to the non-communicable burden of disease, contributing to cardiovascular disease, diabetes, and cancer. (28)

Promoting healthy diet in children and young people is a proactive measure to help establish healthy eating habits contributing to the prevention of childhood obesity during crucial developmental stages.

Healthy eating initiatives in this priority area supports the entire community to lead healthier lives whilst recognising a tailored approach for some community groups is required to ensure equity.

Priority	Increasing Healthy Eating
Long term outcome	Increase consumption of healthy food and drinks to reduce risks of chronic disease and improve overall health outcomes for the Gippsland community
Objectives	2.1 Increase access to healthier food and drinks, and decrease access to discretionary foods and drinks 2.2 Increase socio-cultural norms that reinforce healthier eating, drinking and breastfeeding 2.3 Increase exposure to marketing of healthier food and drinks
Target populations	Children and families, older people, rural and remote communities





## Increasing Healthy Eating continued

<b>Initiative</b>	<b>Healthy food and drink options for children and young people</b>
<b>Linked objectives</b>	2.1,2.2,2.3
<b>Target population</b>	Children and young people
<b>Settings</b>	Primary schools, secondary schools, maternal and child health, and recreation settings
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Collaborate with health promotion partners to advocate to key bodies, such as state and local government, Department of Education and Training, parent associations, student representative bodies, school leadership and recreation facilities management for policy change to improve healthy food and drink options</li> <li>– Support those delivering statewide programs aligned with healthy eating, such as Vic Kids Eat Well, the Achievement Program, the Stephanie Alexander School Kitchen Garden Program and Smiles4Miles through networks, evaluation support and resource development</li> <li>– Provide planning, promotion and evaluation support to enhance capacity of services delivering healthy eating programs to new parents, such as INFANT and Let’s Grow</li> <li>– Explore the barriers and facilitators of school kitchen garden programs to identify and enhance opportunities for children to participate in growing, preparing and eating healthy food</li> <li>– Localise and amplify at least one state or national healthy eating social marketing campaign, working in partnership to enhance reach</li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Discretionary food consumption of children</li> <li>– Discretionary food consumption of adolescents</li> <li>– Increased mean fruit and vegetable consumption in adolescents and children</li> <li>– Decrease in proportion of children and adolescents who are overweight or obese</li> <li>– Reduced consumption of sugar sweetened beverages by children and adolescents</li> <li>– Improved dental health outcomes</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Increased participation in statewide programs</li> <li>– Decreased discretionary food and drink items available in school canteens</li> <li>– Increase in students participating in growing, preparing and eating healthy food</li> <li>– Increase in schools providing healthy eating initiatives</li> <li>– Increase in policies supporting healthy food and drinks in education and recreation settings</li> </ul>
<b>Initiative</b>	<b>Tap water in public places</b>
<b>Linked objectives</b>	2.1,2.2,2.3
<b>Target population</b>	Children and adolescents
<b>Settings</b>	Public settings where people come together for study, work, recreation and socialisation
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Support partnerships that prioritise promotion of water as the preferred drink of choice</li> <li>– Collaborate with water authorities to promote National Choose Tap campaign across Gippsland</li> <li>– Amplify ‘Choose Tap’ messaging across Gippsland with industry partners</li> <li>– Support the delivery of local, statewide programs promoting water as the preferred drink</li> <li>– Work with local government and water authorities to improve access to public clean, free drinking water</li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Reduced proportion of adults who consume sugar sweetened beverages daily</li> <li>– Reduced proportion of children and adolescents who consume sugar sweetened beverages daily</li> <li>– Decrease in proportion of adults who are overweight or obese</li> <li>– Decrease in proportion of children and adolescents who are overweight or obese</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Increased availability of free drinking water in public spaces across Gippsland</li> <li>– Increased prevalence of partnerships and agreements between local government and water authorities supporting access to water drinking fountains</li> <li>– Increased reach of Choose Tap messaging</li> </ul>

## Increasing Healthy Eating continued

<b>Initiative</b>	<b>Influence Gippsland food systems to enhance sustainable food environments</b>
<b>Linked objectives</b>	2.1
<b>Target population</b>	Regional and rural communities
<b>Settings</b>	Community, neighbourhood houses, farm gate and farmers markets, food banks
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Collaborate with the VicHealth Local Government Partnership councils, Latrobe City Council, Wellington Shire Council and East Gippsland Shire Council, to deliver the Building Better Food Systems core module</li> <li>– Collaborate with community, local food producers, health partners and local councils to establish food policy coalitions or similar networks, supporting community-led initiatives to increase the supply of healthy food</li> <li>– Plan collaboratively with local government and health partners to present a series of food forums</li> <li>– Develop an interactive map identifying community-based food initiatives across Gippsland, such as community gardens, neighbourhood houses, farm gate sales, farmers markets and food banks</li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Increase in proportion of adults who consume sufficient fruit and vegetables</li> <li>– Increase in proportion of children and adolescents who consume sufficient fruit and vegetables</li> <li>– Decrease in the proportion of adults who ran out of food and could not afford to buy more</li> <li>– Decrease in the proportion of children 0–12 years living in households that ran out of food and could not afford to buy more</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Increased availability of fresh, locally-grown food</li> <li>– Increased networks or food policy coalitions supporting food systems across Gippsland</li> <li>– Increased awareness of locally-grown fresh food availability in community support organisations and the community</li> <li>– Increased referrals by community support organisations to sources of fresh, locally grown or locally prepared food</li> </ul>
<b>Initiative</b>	<b>Promote healthy food and drink options in retail and community settings</b>
<b>Linked objectives</b>	2.1,2.2,2.3
<b>Target population</b>	Whole of population with a focus on older people and families
<b>Settings</b>	Public dining venues, supermarkets, community, food retail outlets, workplaces
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Collaborate with health and local government partners to design and implement initiatives promoting healthy food and drink options in supermarkets, community settings and workplaces</li> <li>– Increase healthy food options in Gippsland member-based community dining venues</li> <li>– Support local government partners to introduce healthy eating policies to arts and recreation venues</li> <li>– Work with retail dining venues to promote breastfeeding friendly environments</li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Increase in fruit and vegetable sales in participating settings</li> <li>– Increase in mean daily serves of vegetables in adults</li> <li>– Increase in mean daily serves of fruit in adults</li> <li>– Increase in proportion of infants exclusively breastfed to three months</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Increase in healthy menu options in dining venues across Gippsland</li> <li>– Customers influenced to make healthier food choices in response to promotion in participating settings</li> <li>– Increased sales of healthy food options in community dining venues</li> <li>– Creation of policies supporting healthy food and drink environments</li> <li>– Increase in the number of breastfeeding friendly venues / places across Gippsland</li> </ul>



## Increasing Active Living

Engaging in more physical activity and reducing sedentary behaviour in various daily activities, such as work, commuting, play, learning, and leisure can enhance health and quality of life. (29) However, a significant number of Gippslanders do not meet the recommended Australian guidelines for physical activity. (13)

Not meeting these guidelines can affect physical and mental wellbeing, contributing to higher rates of overweight and obesity, and increasing the risk of chronic diseases. (29)

By maintaining a focus on children and young people through proactive actions that support active lives through crucial development stages and transitional periods, the population health prevention system can reduce the likelihood of childhood obesity and its potential long-term consequences into adulthood.

Active living initiatives in this priority area support the entire community to live more active and healthier lives, whilst recognising a tailored approach for certain community groups is required to maintain an equity lens.

Priority	Increasing Active Living
Long term outcome	Increase active living and decrease sedentariness in people Gippsland
Objectives	3.1 Decreasing sedentary behaviours during work, learning and leisure time 3.2 Increase socio-cultural norms reinforcing an active lifestyle 3.3 Increase participation in active recreation
Target populations	Whole of Gippsland population

## Increasing Active Living continued

<b>Initiative</b>	<b>Promote existing spaces which enable active recreation throughout Gippsland</b>
<b>Linked objectives</b>	3.1, 3.2, 3.3
<b>Target population</b>	Whole of Gippsland population
<b>Settings</b>	Settings where people play or practice recreation
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Audit existing community walking and bike riding routes and locations</li> <li>– Partner with agencies, including local council, to develop and implement initiatives which support active recreation, including considerations for safety perception, accessibility, and low/no cost activities (e.g., Gippsland Tracks and Trails project)</li> <li>– Collaborate with local partners to develop regional resources to increase community awareness of benefits of use of existing spaces for active recreation in both the built and natural environment</li> <li>– Develop localised resources and policy templates aligned with the Achievement Program that support access to recreational facilities within school grounds outside of school hours</li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Increased proportion of adults, adolescents and children who are sufficiently physically active</li> <li>– Decreased proportion of adults, adolescents and children who are overweight and obese</li> <li>– Decrease in proportion of adults sitting for seven or more hours on an average weekday</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Increased availability of existing recreational facilities (such as within school grounds)</li> <li>– Increase in the proportion of people using active recreation spaces</li> </ul>
<b>Initiative</b>	<b>Develop and strengthen local active living policy</b>
<b>Linked objectives</b>	3.1, 3.2, 3.3
<b>Target population</b>	Whole of population
<b>Settings</b>	Schools and public settings
<b>Activities</b>	<ul style="list-style-type: none"> <li>– Support partner agencies to develop or promote active transport (walking and bike riding) initiatives in CBDs and public settings</li> <li>– Collect data from local schools and health promotion officers on the barriers and benefits of schools undertaking the existing physical activity programs, such as Transform-Us and the Achievement Program</li> <li>– Undertake analysis of collected data and establish steps to reduce or remove barriers and share learnings regarding benefits of completing these programs based off local data findings</li> <li>– Advocate to Department of Education and Training and Gippsland school leadership to drive active living policy uptake and evidence-based program uptake</li> <li>– Create additional policy templates for settings not covered by the Achievement Program, such as community groups and organisations</li> <li>– Promote policy action areas to school leadership committees for the reduction of barriers/increase of enablers for physical activity in the school environment, for example:               <ul style="list-style-type: none"> <li>• uniforms that promote gender inclusivity and active play</li> <li>• all abilities sport</li> <li>• active lessons beyond traditional physical education</li> <li>• improvement of infrastructure which reduces sedentary behaviours</li> </ul> </li> </ul>
<b>Monitoring and Evaluation</b>	<p><b>Population Health Measures:</b></p> <ul style="list-style-type: none"> <li>– Decrease in proportion of adults sitting for seven or more hours on an average weekday</li> <li>– Increased proportion of journeys that use active transport</li> <li>– Increased proportion of adults, adolescents and children who are sufficiently physically active</li> <li>– Decreased proportion of adults, adolescents and children who are overweight and obese</li> </ul> <p><b>Initiative specific targets:</b></p> <ul style="list-style-type: none"> <li>– Number of targeted policies adopted</li> <li>– Proportion of schools which have granted open access to school recreation areas</li> <li>– Proportion of school commutes undertaken by active transport</li> <li>– Number of active transport initiatives implemented in public settings</li> <li>– Increased participation in state-wide initiatives, such as the Achievement Program</li> </ul>

# Monitoring and Evaluation

## Partnership analysis

The GRPHU aims to monitor the effectiveness of established partnerships and focus on taking opportunities to strengthen and enhance partnerships and governance structures across the catchment. The VicHealth Partnerships Analysis Tool will be used to evaluate partnerships as part of an annual review.

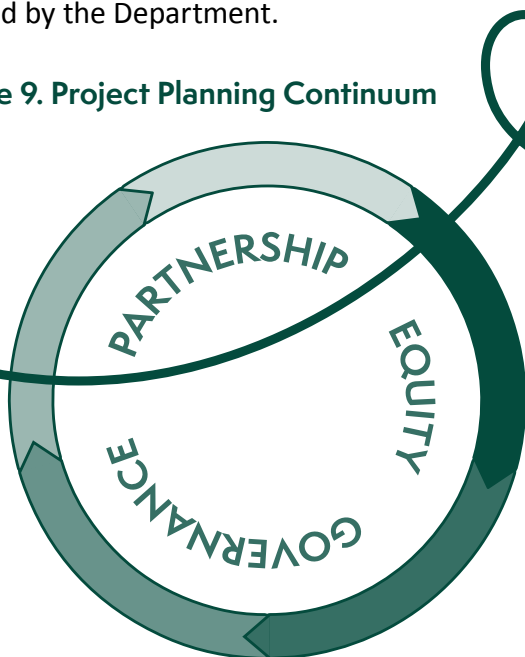
## Reporting

As the GRPHU continues its collaboration with partners, activities are expected to evolve and mature. Progress will be assessed and reported on an annual basis, with the Plan updated each year to incorporate the upcoming year's planned activities. A more significant revision is scheduled prior to the 2025-29 period, aligning the planning cycle with other place-based prevention programs funded by the Department.

## Activity evaluation

The GRPHU prioritises evaluation as a key component of project design, implementation and monitoring. The Unit's continuous planning and improvement cycle comprises five iterative components, each reinforced by local partnerships and guiding principles. Each project consists of thorough evaluation to assess achievements and identify opportunities for further improvement. The GRPHU commits to communicating its findings to stakeholders through its governance structure, keeping partners informed of the progress towards shared goals. The project planning continuum (Figure 9) is designed to provide a practical framework for guiding GRPHU and our stakeholders. The continuum incorporates program logic, rigorous public health research methods and robust governance practices.

Figure 9. Project Planning Continuum



### RESEARCH

Start by collecting population health data to understand health conditions and determinant factors, gaps analysis to identify local needs, learnings from previous projects and best-practice interventions.

### CONSULT

Understand place-based intricacies by consulting with relevant stakeholders. Conceptualise possible interventions and roles and responsibilities.

### DESIGN

Determine the most effective best-practice intervention and actions. Clarify aims to intervention by developing a project management plan which includes program logic, monitoring and evaluation strategy.

### IMPLEMENT

Work in collaboration with stakeholders to implement the project as per the project management plan. Ensure continuous monitoring and improvements, making adjustments as needed.

### EVALUATE

Conduct final evaluation, summarising project achievements against the set objectives and outcomes. Project learnings and achievements are communicated with stakeholders and used to inform future initiatives.

# References

1. Victorian Government. A framework for place-based approaches [Internet]. Melbourne: Victorian Government; 2023 [cited 2023 June 10]. Available from: <https://www.vic.gov.au/framework-place-based-approaches/print-all>
2. Gippsland Primary Health Network. Our Region [Internet]. [cited 2023 June 10]. Available from: <https://gphn.org.au/about-us/our-region/>
3. Gippsland Primary Health Network. Gippsland PHN Community Snapshot [Internet]. 2019 [cited 2023 June 10]. Available from: <https://gphn.org.au/wp-content/uploads/files/pdf/GippslandPHNCommunitySnapshotFactSheetJuly2019.pdf>
4. Australian Bureau of Statistics [Internet]. Canberra: ABS; 2021. Latrobe Gippsland 2021 Census All Persons QuickStats. [cited 2023 June 20]. Available: <https://www.abs.gov.au/census/find-census-data/quickstats/2021/205>
5. Department of Jobs, Precincts and Regions. Victorian 2019-2020 Bushfires Regional Business and Economy Recovery Plan Gippsland [Internet]. 2020 [cited 2023 June 10]. Canberra: DJPR. Available from: [https://www.rdv.vic.gov.au/\\_data/assets/pdf\\_file/0009/1946295/RRV-Regional-Business-and-Economy-Recovery-Plan-Gippsland.pdf](https://www.rdv.vic.gov.au/_data/assets/pdf_file/0009/1946295/RRV-Regional-Business-and-Economy-Recovery-Plan-Gippsland.pdf)
6. Hazelwood Health Study. Hazelwood Health Study 8th Annual Report [Internet]. 2022 [cited 2023 June 10]. Available from: [https://hazelwoodhealthstudy.org.au/\\_data/assets/pdf\\_file/0009/3148965/HHS-8th-Annual-Report-v1.0-1.pdf](https://hazelwoodhealthstudy.org.au/_data/assets/pdf_file/0009/3148965/HHS-8th-Annual-Report-v1.0-1.pdf)
7. Health Ministers' Meeting. National Obesity Strategy 2022-2032 [Internet]. 2022 [cited 2023 June 12]. Available from: [https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032_0.pdf)
8. Department of Health. Victorian Population Health Survey 2020 [Internet]. 2020 [cited 2023 June 10]. Melbourne: Department of Health. Available from: <https://vahi.vic.gov.au/reports/population-health/victorian-population-health-survey-2020-dashboards>
9. National Health and Medical Research Council. Eat for Health Infant Feeding Guidelines Information for Health Workers [Internet]. 2012 [cited 2023 June 12]. Canberra: NHMRC. Available from: <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers#block-views-block-file-attachments-content-block-1>
10. State Government of Victoria. VCAMS Breastfeeding Rates – Victorian Government Data Directory [Internet]. 2022 [cited 2023 June 20]. Available from: <https://discover.data.vic.gov.au/dataset/vcams-breastfeeding-rates>
11. Department of Health and Aged Care [Internet]. Canberra: Department of Health and Aged Care; 2021 [cited 2023 June 12]. Available from: <https://www.health.gov.au/topics/food-and-nutrition/about/eating-well>
12. Eat for Health [Internet]. Canberra: Department of Health and Aged Care; 2021 [cited 2023 June 20]. Available from: [https://www.eatforhealth.gov.au/sites/default/files/2022-10/n55\\_agthe\\_large.pdf](https://www.eatforhealth.gov.au/sites/default/files/2022-10/n55_agthe_large.pdf)
13. Department of Health. Victorian Population Health Survey 2017 [Internet]. 2017 [cited 2023 June 10]. Melbourne: Department of Health. Available from: <https://www.health.vic.gov.au/population-health-systems/victorian-population-health-survey-2017>
14. Rethink Sugary Drink [Internet]. Melbourne: Cancer Council Victoria; 2022 [cited 2023 June 20]. Available from: <https://www.rethinksugarydrink.org.au/about>
15. Cancer Council Victoria. Rethink Sugary Drink Consensus Statement Sugar-Sweetened Beverages [Internet]. 2015 [cited 2023 June 20]. Melbourne: Cancer Council Victoria. Available from: <https://www.diabetesaustralia.com.au/wp-content/uploads/Sugar-sweetened-beverages-consensus-statement.pdf>

# References continued

16. Department of Health and Aged Care [Internet]. Canberra: Department of Health and Aged Care; 2021 [cited 2023 June 12]. Available from: <https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians/for-adults-18-to-64-years>
17. Cancer Council Victoria. Current vaping and current smoking in the Australian population aged 14+ years: February 2018-March 2023 [Internet]. 2023 [cited 2023 June 12]. Melbourne: Cancer Council Victoria. Available from: <https://www.health.gov.au/sites/default/files/2023-06/current-vaping-and-smoking-in-the-australian-population-aged-14-years-or-older-february-2018-to-march-2023.pdf>
18. BreastScreen Victoria. Breast Cancer Screening Program in Victoria [Internet]. 2021 [cited 2023 June 23]. Melbourne: BreastScreen.
19. Cancer Council Victoria. Cervical Cancer Statistics and Trends [Internet]. 2023 [cited 2023 June 23]. Melbourne: Cancer Council Victoria. Available from: [https://www.cancervic.org.au/research/vcr/cancer-fact-sheets/cervical-cancer.html#:~:text=In%202021%2C%202020%20Victorian%20females,\(Figure%201%20%26%20202\).](https://www.cancervic.org.au/research/vcr/cancer-fact-sheets/cervical-cancer.html#:~:text=In%202021%2C%202020%20Victorian%20females,(Figure%201%20%26%20202).)
20. World Health Organisation Collaborating Centre for Viral Hepatitis. National Viral Hepatitis Mapping Project Online Portal [Internet]. 2022 [cited 2023 June 23]. Available from: <https://public.tableau.com/app/profile/nationalhepmapping>
21. Department of Health and Human Services. Victorian Public Health and Wellbeing Plan 2019-2023 [Internet]. 2019 [cited 2023 June 12]. Melbourne: DHHS. Available from: <https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-plan-2019-2023>
22. Department of Health and Human Services. Victorian Cancer Plan 2020-2024 [Internet]. 2020 [cited 2023 June 12]. Melbourne: DHHS. Available from: [https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/v/victorian-cancer-plan-2020-2024\\_improving-cancer-outcomes-for-all-victorians.pdf](https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/v/victorian-cancer-plan-2020-2024_improving-cancer-outcomes-for-all-victorians.pdf)
23. Better Health Channel [Internet]. Canberra: Department of Health. [cited 2023 June 12]. Available from: <https://www.betterhealth.vic.gov.au/health/servicesandsupport/ottawa-charter-for-health-promotion>
24. Achievement Program. Achievement Program Data Dashboard [Internet]. [cited 2023 June 12]. Melbourne: Department of Health and Human Services. Available from: <https://achievementprogram.health.vic.gov.au/reporting/achievement-program-data-dashboard>
25. Vic Kids Eat Well. Vic Kids Eat Well Data Dashboard [Internet]. [cited 2023 June 12]. Melbourne: Cancer Council Victoria. Available from: <https://www.vickidseatwell.health.vic.gov.au/reporting>
26. Australian Institute of Health and Welfare. Australia's Health 2018 [Internet]. 2018 [cited 2023 June 12]. Canberra: AIHW. Available from: <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health/fruit-and-vegetable-intake>
27. Australian Institute of Health and Welfare. Smoking Overview [Internet]. 2022 [cited 2023 June 12]. Canberra: AIHW. Available from: <https://www.aihw.gov.au/reports-data/behaviours-risk-factors/smoking/overview>
28. World Health Organisation. Healthy Diet [Internet]. 2020 [cited 2023 June 20]. Geneva: WHO. Available from: <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>
29. Australian Institute of Health and Welfare. Physical activity across the life stages [Internet]. 2018 [cited 2023 June 20]; Cat. No. PHE 225. Canberra: AIHW. Available from: <https://www.aihw.gov.au/getmedia/c249ef97-e219-44df-a8bd-f5e50d04064c/aihw-phe-225.pdf.aspx?inline=true>



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Part of Latrobe Regional Health